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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 21.1
TITLE: PATHOLOGY AND SURGICAL PATHOLOGY

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(a)(1)(i), (b)(2)(ix), (b)(3)(vi), (c)(2)(x), and (g)(60)

I. PROCEDURE CODE(S)

80048-87592, 87650-87999, 88104-89264, 89300-89325, 89330, 96902

II. DESCRIPTIONS

A. Pathology is the medical science and specialty practice associated with all aspects of diseases but with special reference to the essential nature, the causes, and development of abnormal conditions, as well as the structural and functional changes that result from the disease process.

B. Surgical pathology services include accession, examination, and reporting for a specimen, which is defined as tissue that is submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. These codes require gross and microscopic examination.

III. POLICY

A. Medically necessary pathology and laboratory services are covered.

B. Surgical pathology services that are billed by a certified pathologist are covered.

C. If the operating surgeon bills for surgical pathology procedures, ClaimCheck will deny as incidental, since the definitive (microscopic) examination will be performed later, after fixation of the specimen, by the certified pathologist who will bill separately.

IV. POLICY CONSIDERATIONS

A. Dermatologists are qualified to perform surgical pathology services. If a dermatologist performs his/her own pathology in addition to the surgical procedure(s), payment can be allowed for both the surgical procedure as well as the surgical pathology procedure.

B. Hair analysis testing when necessary to determine lead poisoning (CPT procedure code 96902).

V. EXCLUSIONS

A. Autopsy and postmortem (CPT procedure code 88000-88099).

B. Sperm penetration assay (hamster oocyte penetration test or the zona-free hamster egg test, CPT procedure code 89329).

C. In-vitro chemoresistance and chemosensitivity assays (stem cell assay, differential staining cytotoxicity assay and thymidine incorporation assay).

D. Hair analysis to identify mineral deficiencies from the chemical composition of hair.

E. Human papillomavirus testing (CPT procedure code 87620-87622) in the management of cervical neoplasia.

F. Insemination of oocytes (CPT procedure code 89268).

G. Extended culture of oocyte(s) embryo(s) 4-7 days (CPT procedure code 89272).

H. Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes (CPT procedure code 89280).

I. Assisted oocyte fertilization, microtechnique; greater than 10 oocytes (CPT procedure code 89281).

J. Biopsy oocyte polar body or embryo blastomere (CPT procedure code 89290).

K. Biopsy oocyte polar body or embryo blastomere; greater than 4 embryos (CPT procedure code 89291).

L. Cryopreservation reproductive tissue, testicular (CPT procedure code 89335).

M. Storage (per year) embryo(s) (CPT procedure code 89342).

N. Storage (per year) sperm/semen (CPT procedure code 89343).

O. Storage (per year) reproductive tissue, testicular/ovarian (CPT procedure code 89344).

P. Storage (per year) oocyte (CPT procedure code 89346).

Q. Thawing of cryopreserved, embryo(s) (CPT procedure code 89352).

R. Thawing of cryopreserved, sperm/semen, each aliquot (CPT procedure code 89353).

S. Thawing of cryopreserved, reproductive tissue, testicular/ovarian (CPT procedure code 89354).

T. Thawing of cryopreserved, oocytes, each aliquot (CPT procedure code 89356).

END OF POLICY